



APPLICATION FOR A REAL ESTATE OFFICE LOCATION/BRANCH

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

477

Division of Real Estate
320 West Washington Street
3rd Floor
Springfield, Illinois 62786

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License Act 2000 (225 ILCS 454). Disclosure of this information is REQUIRED. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

INSTRUCTIONS FOR FILING

Type of Firm: [] Corporation [] Partnership [] Independent Broker [] Limited Partnership [] Limited Liability Company

- 1. Type or print legibly. NO FEE REQUIRED.
2. The Consent to Examine and Audit Special Accounts form must be properly completed in the principal office name.
3. The name of the Office Location/Branch shall be the same as that of the principal office.

1. Name of Principal Office | 2. License Number of Principal Office

3. Address of Principal Office (Street, City, State and Zip Code)

4. Name of Managing Broker of Office Location/Branch | 5. License Number of Managing Broker

6. Address of Office Location/Branch (Street, City, State and Zip Code)
Email Address:

7. Branch Office Telephone Number | 8. Principal Office Telephone Number
(_ _ _) _ _ _ - _ _ _ _

I hereby certify that I personally completed this application, that the answers are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this firm.

Signature of Branch Managing Broker of Principle Office

Date



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street
Springfield, IL 62786
Real Estate Licensing 800/560-6420

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- I have one or more special accounts, and authorize a representative of the Illinois Department of Financial and Professional Regulation to examine those accounts.
I do not accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts.

PART A: SPONSORING BROKER INFORMATION

1. Name of Individual Managing Broker (Sole Proprietor), Partnership, Corporation, or Limited Liability Company

2. Business Address (Street, City, State, Zip Code)

3. Telephone Number (_ _ _) _ _ - _ _ _ _

4. License Number

Email Address:

PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. A separate Consent to Audit form is required for each depository at which you maintain special account(s). Copy this form as needed.

1. Name and address of Bank or Savings and Loan Association

Blank lines for name and address of bank or savings and loan association.

2. Specific Special Accounts to be Examined and Audited

Table with 3 columns: Title(s) of Special Account(s), Account Number, Identifying Number(s) Required by IRS (FEIN or Social Security No.)

3. List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account

Table with 4 columns: Name, Sex, Title, License Number

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of the Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B(3) above.

Signature of Managing Broker, License Number, Date, Title